

L. L. Blanchard

REPORT OF THE
SURGICAL DEPARTMENT

New York Hospital - Cornell Medical College

For The Year

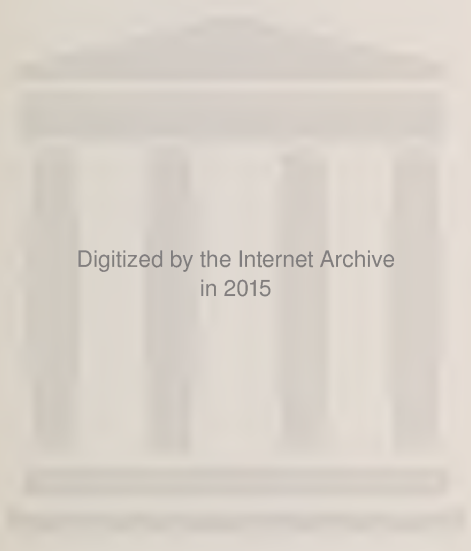
January 1, 1938

To

December 31, 1938.

BY

George J. Heuer, M.D.



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For the Year January 1, 1938 to December 31, 1938

by

GEORGE J. HEUER, M.D.

To the Board of Governors of the New York Hospital
and the President of Cornell University :

I again can report a satisfactory year. The department as a whole has functioned well. The morale in the department generally has been excellent. Real enthusiasm has been shown in the care of patients in the hospital and O.P.D., in our teaching program and in research. As a result the department has done creditable work which will be detailed in subsequent pages. From the viewpoint of the further development of the department there is less cause for satisfaction; for the many problems which concern the Head of the Department remained practically untouched during the year. These I emphasized in my Five Year Report published in 1937. They include the urgent need of further development of the Specialty departments of Urology, Orthopedic Surgery, Otolaryngology and Ophthalmology; the opening of Pavilion H8 for orthopedic patients and the Children's pavilion on Floor 7 for surgical children; the enlargement of the department's animal quarters for experimental research; the development of a laboratory of surgical bacteriology and of chemistry; and the increase in the admissions of patients to our surgical pavilions required for our teaching program. To them have been added other problems due to the recent inclusion under Surgery of the Sub-departments of Physiotherapy and Dentistry. In connection with the report of the work for the year, some reference will be made to these problems.

CHRONICLE OF THE STAFF. There have been few changes in the senior staff of General Surgery. Dr. Pol N. Coryllos died during the year. He had no hospital or teaching duties but was interested chiefly in laboratory investigation. A man of tremendous energy and an earnest worker, he was of late years particularly interested in problems relating to thoracic surgery. Dr. Robert A. Wise withdrew from the staff to take a position in the South.

Of the Resident staff Drs. Courtney C. Bishop, William A. Cooper, Cuyler Y. Hauch and Gustavus A. Humphries (Urology) completed their services as Resident surgeons. Dr. Bishop has entered the practice of surgery in New Haven and is connected with the surgical department of Yale University. Drs. Cooper and Humphries have gone into practice in New York City, retaining positions on the Surgical staff here and Dr. Hauch has established himself in practice in Owens Sound, Ontario. Drs. John H. Eckel, Samuel W. Moore, John P. West and Harmon Truax (Urology) have been advanced to the position of Resident surgeon. Of the assistant Resident surgeons, Drs. William R. Sandusky and Lester Husted resigned from the Resident staff, the former to take the position of Resident at the Boston City Hospital, the latter of Resident at the Grasslands Hospital.

Of the 1937 group of interns Drs. William A. Barnes, Arthur I. Chenoweth, E. Everett Clifton, Joseph T. Kauer and Victor Marshall were advanced to positions on the Resident staff. Dr. Jere W. Lord, former intern and at present intern in pathology, has been associated in special work on the problem of jaundice. Drs. William T. Medl, former intern, and Herbert Parsons, formerly of St. Luke's Hospital, were advanced to junior positions on the 7th floor service.

The new group of interns appointed as of July 1, 1938 are :
Martin J. Healy Jr. - Cornell Medical College, 1938
William H. Curley, Jr. - Cornell Medical College, 1938
George M. Knapp - Cornell Medical College, 1938
Stephen C. Meigher - Cornell Medical College, 1938
Carl Goetsch - University of Rochester, 1937
Jack Chenoweth Horner - George Washington University,
1937
George O. Wood - Vanderbilt University, 1938

Edward J. Pickham, Jr. - Yale University Medical College,
1938

Frank Farrell (Otolaryngology and Ophthalmology) George
Washington University, 1937

In the Subdepartments of Surgery Dr. Bror Sigurd Troedson was appointed Assistant Director of Physiotherapy; Drs. Edmund D. Neer and Frank J. Hynes were appointed respectively Assistant Surgeon and Surgeon to the O.P.D. in Otolaryngology; Dr. Eric C. Richardson, Assistant Surgeon to the O.P.D. in Ophthalmology; Dr. John L. Begg, Surgeon to the O.P.D. in Urology (Brady Foundation) and Drs. Francesco J. Fablet, Ferman Gonzales, Joseph C. Jordan, Dady R. Mehr-Homjy, John L. Stapleton and Qhan Y. Kan, Graduate clerks to the O.P.D. in Urology (Brady Foundation). The resignations during the year include Drs. L. Edward Giovini and Lyle A. Newton in Urology (Brady Foundation) and Paul T. Suratt in Otolaryngology.

Appointments to the Resident staffs in the Subdepartments include Dr. Philip R. Wiest, Assistant Resident in Otolaryngology and Ophthalmology, Dr. Frederick C. McLellan, Assistant Resident in Urology (teaching service) and Dr. Robert N. Kilgore, Assistant Resident in Urology (Brady Foundation).

I. SERVICE TO PATIENTS.

1. PAVILION SERVICE.

A. GENERAL SURGERY. During the year, 2639 patients were admitted to the Surgical pavilions. Of this number 607 patients were not subjected to operation either because operation was not indicated or because operation was refused. Twenty-four of these patients died, a non-operative mortality of 3.9 per cent. Necropsies were obtained or examinations made by the Medical Examiner's Office in 17 of the 24 deaths, a necropsy percentage of 71. The deaths in this group are listed in TABLE I. An analysis shows that of the 24 deaths, 7 occurred as a result of grave accidental injuries, 9 from cancer, 3 from hemorrhage from the gastrointestinal tract and 7 from miscellaneous conditions.

Of the 2639 patients admitted, 2032 were subjected to 2370 surgical operations. Following operation there were 58 deaths

in the hospital which, regardless of cause or time after operation, are counted as postoperative deaths. This is an operative mortality of 2.4 per cent, a case mortality of 2.8 per cent. Necropsies were obtained in 44 of the 58 deaths, a necropsy percentage of 77.5. An analysis of the postoperative deaths is made in TABLE II. This shows that of the 58 postoperative deaths, 12 followed operations for acute emergency conditions, 24 for cancer, 3 for various brain conditions, 2 for diseases of the thyroid gland, 5 for diseases of the lung and mediastinum, 3 for diseases of the gallbladder and bile ducts, 7 for other gastrointestinal diseases, and 4 for miscellaneous conditions. As in other years the majority of deaths occurred following operations for acute emergency conditions and for cancer in its various forms. The percentage death rate following operation for specific conditions shows that in operations for thyroid disease it was 1.4, in acute emergency conditions 2.1, in cancer in its various forms and locations it was 9.9, in brain conditions 3.2, in diseases of the thorax 6.6, in diseases of the gall bladder and bile ducts 1.7, in diseases of the gastrointestinal tract (not cancer) 3.6 and in a large group of miscellaneous conditions 0.4 per cent.

The list of operations is given in TABLE III. An examination of the table shows that operations for appendicitis (366), diseases of the gallbladder and bile ducts (175), diseases of the thyroid gland (137), for hernia (208) and for non-cancerous diseases of the rectum and anus (217) comprised 46.5 per cent of all the operations performed. In these groups of conditions there were 1103 operations performed with 12 deaths, an operative mortality of 1.1 per cent. Operations upon the brain, spinal cord and peripheral nerves increased considerably over the previous year while operations upon the thorax diminished. This diminution largely was due to the low incidence of empyema during the past year. The Resident staff performed 1988 operations with 37 deaths, an operative mortality of 1.9 per cent.

B. UROLOGY. (Teaching Service) During the year 328 patients with urologic conditions were admitted to pavilion beds. Of this number 154 were not subjected to operation and 3 died, a non-operative mortality of approximately 2 per cent. Upon the remaining 174 patients 195 operations were perform-

ed with 7 deaths, an operative mortality of 3.5 per cent, a case mortality of 4 per cent. The urologic operations performed are listed in TABLE IV. An analysis of the non-operative and postoperative deaths is shown in TABLE V. Of the 10 deaths on the service, necropsies were obtained in 8, a percentage of 80.

C. UROLOGY. (Brady Foundation) Four hundred and nine patients were admitted to the service. Of this number 167 patients were not subjected to operation and of these one patient died. Upon the remaining 242 patients, 273 operations were performed with 13 deaths, an operative mortality of 4.7 per cent, a case mortality of 5.3 per cent. The operations performed are listed in TABLE IV. An analysis of the non-operative and postoperative deaths is shown in TABLE V. Of the 14 deaths occurring on this service, necropsies were obtained in 7, a necropsy percentage of 50.

D. OTOLARYNGOLOGY. Seven hundred and eighty-three patients were admitted to pavilion beds and 415 operations for various otolaryngological conditions performed. There were 5 postoperative deaths, an operative mortality of 1.2 per cent. The operations are listed in TABLE VI. Necropsies were obtained in two of the 5 deaths, a necropsy percentage of 40.

E. OPHTHALMOLOGY. One hundred and sixty-six patients were admitted to the pavilions and 156 ophthalmological operations were performed without a fatality. The operations are listed in TABLE VIII.

II. SEMIPRIVATE SERVICE. Seventeen hundred and forty-four patients in General Surgery and the Specialties of Surgery were admitted to the semiprivate service and were subjected to 1844 operations. Following operation there were 18 deaths, an operative mortality of less than 1 per cent. Of the 1844 operations, 1048 were performed in the General Operating rooms, 836 in the Private Operating rooms. The list of operations is shown in TABLES IX and X.

III. PRIVATE SERVICE. Sixteen hundred and twenty-one patients in General Surgery and the Specialties of Surgery were admitted to the Private pavilions and subjected to 1246 operations. There were 24 postoperative deaths, an operative mortality of 1.9 per cent. Of the 1246 operations performed,

713 were performed in the general operating rooms, 533 in the private operating rooms. The list of operations is shown in TABLE X.

IV. OUT PATIENT SERVICE

A. GENERAL SURGERY AND SPECIALTIES. During the year the Surgical O.P.D. admitted 20,903 new patients and received a total of 94,190 patient visits. General Surgery admitted 8145 new patients and received 38,398 patient visits; Urology (both services) 1926 new patients and 17,710 visits; Otolaryngology 4319 new patients and 17,092 visits; Ophthalmology 4040 new patients and 12,033 visits; and Orthopedic Surgery 2473 new patients and 8957 visits. In the O.P.D. Operating rooms 415 minor surgical operations were performed without serious complications. Three hundred and fifty-one plaster casts were applied.

B. ACCIDENT AND EMERGENCY PAVILION. This unit working on a 24 hour basis, admitted and treated 6114 new patients who made 842 revisits; 1213 hospital employees and 1572 compensation cases. In addition the staff of the unit examined 1808 patients for admission to the hospital and cleared 6028 patients for admission to the various pavilions. The total number of patients seen in this unit was 17,577.

C. PHYSIOTHERAPY. The subdepartment of Physiotherapy gave 30,832 treatments during the year. Of these 662 treatments were given to private patients, 1608 to semiprivate patients, 1962 to pavilion patients, 2116 to referred ambulant patients, 2716 to hospital employees and 21,768 to O.P.D. patients. A comparison of the work with that of the previous year shows a decline in treatments given to private patients, due, it is thought, to financial reasons.

D. DENTAL SERVICE. The Subdepartment of Dentistry admitted 1390 new patients and received 8174 patient visits. The majority of patients were referred to Dentistry from other departments.

V. SURGICAL PATHOLOGY. The laboratory of Surgical Pathology under the direction of Dr. Foot, received, diagnosed and recorded 3203 pathological specimens, the largest number since the new hospital opened.

VI. OPERATING ROOMS. In the general operating rooms upon the 10th Floor 5170 operations were performed, 836 treatments given and 13 transfusions administered. In the private operating rooms upon the 11th Floor 1369 operations were performed.

VII. ANESTHESIA. The surgical anesthetists under the direction of the Surgical department administered 4846 anesthetics to patients in various operating rooms. This number is exclusive of those given by private anesthetists. Of the 4846 anesthetics, 3031 were inhalation anesthetics, 916 local anesthetics, 264 spinal, 54 caudal, 98 avertin and 20 colonic ether. In 356 cases avertin was combined with inhalation anesthesia and in 13 cases with local anesthesia. In 85 cases local, spinal, caudal or colonic anesthesia were combined with inhalation anesthesia.

VIII. FOLLOW-UP DEPARTMENT. During the year 13,146 letters and other communications were sent out to former surgical patients requesting their return to the hospital for the purpose of discovering the results of surgical treatment. In response to these communications 3960 patients returned to the hospital for examination, 1220 responded by mail, 807 responded by telephone and 208 were examined elsewhere and the reports sent to us. The Follow-up department, therefore, secured follow-up records of 6195 surgical patients. During the year it carried 5225 "current" cases and "closed" 7038 cases. Of the 7038 cases "closed", 85.6 per cent were closed with satisfactory follow-up records, while 14.4 per cent were closed with incomplete or unsatisfactory records.

SUMMARY. The extent of the activities of the department may be gained from a summary of the above work. It shows that the pavilion service of the hospital admitted 4325 patients and performed 3409 surgical operations; the semiprivate service admitted 1744 patients and performed 1844 operations and the private service admitted 1612 patients and performed 1246 operations. The total number of surgical patients admitted was 7690, the total number of operations performed, 6499; the total number of postoperative deaths, 125; an operative mortality of 1.9 per cent. In the surgical O.P.D. 20,903 new patients were admitted and they, together with old patients, made 94,190 visits to the clinic. The Accident and Emer-

gency unit cared for 17,577 cases and the Dental unit 9564. Physiotherapy gave 30,832 physiotherapeutic treatments. The Follow-up department received 3960 visits. The total number of visits made by ambulant patients to the various units of the surgical department was, therefore, 177,026.

COMMENTS ON THE SERVICE.

A. GENERAL SURGERY - PAVILIONS AND O.P.D. A study of the pavilion and O.P.D. services in General Surgery shows, I think, that they have been highly satisfactory. In the pavilions there has been splendid cooperation between the surgical, nursing and dietary staffs. As a result, patients admitted to the pavilions have received excellent treatment. In spite of the admission of an increasing number of patients with serious, complicated surgical conditions, we have managed to reduce our operative and case mortality rates over the preceding years. Our postoperative complications have been few and the results of treatment good. A study of the surgical conditions for which patients entered the pavilions during the year shows that they correspond closely with those of the preceding year. There was an increase in the common conditions of appendicitis, hernia and diseases of the gallbladder, an identical number of admissions for diseases of the thyroid gland and a slight diminution in the number of non-cancerous diseases of the rectum and anus.. The number of admissions for cancer in various forms again increased. There was an increase of 32 per cent in the admissions for diseases of the brain and spinal cord; an increase of 17 per cent for conditions requiring plastic surgery and a decrease of 24 percent for conditions of the chest. The diminution in the last group largely was due to the low incidence of empyema during the year.

Not only has the service been well conducted but it has been made more interesting by an increased activity among members of the staff in the study of certain groups of cases. These studies will be referred to later. I doubt whether, during any year, there has been as much enthusiastic interest in the combined clinical and experimental investigation of disease processes.

What has just been said of the pavilion service may also be said of the O.P.D. service. The treatment of ambulant patients has been prompt and efficient. There has been a slight increase

in the admission of new patients (4.6 per cent) and in patient visits (8.2 per cent) over the preceding year; a rate of growth which has been fairly constant for the past few years. There was an increase of 7.5 per cent in the number of minor operations performed and an increase of 15 percent in fractures and other conditions requiring plaster casts.

Some comment on specialized surgical work within the department of General Surgery would appear justified. NEUROLOGICAL SURGERY, since Dr. Bronson Ray made it his special interest two years ago, showed, during the past year, the results of his efforts. As noted, there was an increase over the previous year of 32 per cent in the admissions for the surgical diseases of the Brain, Spinal Cord and Peripheral Nerves, an important addition to our clinical material. The association of Drs. Ray and Wolf of the medical department in the development of a neurological service has been most satisfactory and should result in a service adequate for the teaching of undergraduate and graduate students.

PLASTIC SURGERY in which Dr. Herbert Conway became interested 2 years ago, also showed a most satisfactory development. In the O.P.D. 253 new patients were admitted and 1156 patient visits received. Eighty-nine patients were admitted to the hospital and 54 major plastic operations performed. In the O.P.D. 58 minor plastic operations were performed. These figures, while small, indicate the growth in a field of surgery which here was practically non-existent 2 years ago.

THORACIC SURGERY in which Dr. Andrus and I are particularly interested has gained a new recruit in Dr. Cranston Holman. While, during the year, the total number of admissions of patients with thoracic conditions declined, due to the low incidence of empyema, there was a satisfactory increase in the number of patients with major thoracic conditions such as tumors of the lung and mediastinum and cancer of the oesophagus. Our relationship with the pulmonary clinic of the medical department continues to be a source of satisfaction and has added to our clinical material.

Certain other fields of surgery particularly the surgery of the gastrointestinal tract, of conditions giving rise to jaundice and of cancer in various forms have been intensively studied by members of the staff. Hemorrhage from ulcer of the sto-

mach and duodenum and the various diagnostic methods of value in the differential diagnosis between ulcer and cancer of the stomach have been studied by Dr. Holman; cancer of the rectum has been one of the special interests of Dr. Bowers and conditions associated with jaundice have been made the object of special studies by Dr. Andrus. Dr. Glenn and I have continued our work on the surgical treatment of hypertension; and Dr. William Cooper has begun a comprehensive study of our cases of cancer. Such specialized interests and studies have undoubtedly contributed to our knowledge and treatment of certain diseases during the year.

A problem in the housing of surgical patients which comes up for discussion each year concerns surgical children. In the years 1936, 1937 and 1938, 590, 751 and 763 children, respectively, with surgical conditions were admitted to the hospital pavilions. Of these, in the years quoted, 447, 655, and 587 were admitted to the surgical pavilions and 143, 96 and 176 were admitted to the Pediatric pavilions. The difficulties in caring for children in adult surgical pavilions are considerable, while the housing of surgical cases in the limited number of pediatric beds is detrimental to the Pediatric department. It is for this reason that I have advocated, from time to time, the opening of the 23 bed pavilion for surgical children on Floor 7.

B. SPECIALTIES IN SURGERY. The two subdepartments of UROLOGY together showed an increase in the admissions to the pavilions of 4 per cent over the preceding year, and an increase of less than 1 per cent in admission of new patients to the O.P.D. and a decrease of 1.4 per cent in patient visits. With a much smaller bed capacity, the Brady Foundation (18 beds) admitted 409 patients, the teaching service (30 beds) admitted 328 patients. The staff of the Brady Foundation performed 273 urological operations with an operative mortality of 4.7 per cent, the staff of the teaching service performed 195 operations with an operative mortality of 3.5 per cent. In the O. P.D. the Brady Foundation admitted 875 new patients and received 12,965 patient visits; the Teaching service admitted 1051 new patients and received 4745 patient visits. The former service, therefore, had 14.8 visits to each new patient admitted, the latter service 4.5 visits to each new patient admitted. It is evident from a study of the Yearly Report of the Brady Foun-

dation that the more frequent use of instrumentation in the diagnosis and treatment of urologic patients accounts, in part, for the greatly increased number of patient visits. In all, 3089 cystoscopies, urethroscopies and intravenous and retrograde pyelographies were performed, of which 1029 were for diagnosis and 2060 for treatment. This number far exceeds similar examinations and treatments on the teaching service. Three special subdivisions in the Brady O.P.D. appear active; those concerned with tuberculosis of the genitourinary tract, with the prevention and cure of urinary stone and with cancer of the genitourinary tract.

The Subdepartment of OTOLARYNGOLOGY in comparison with the preceding year shows a decrease in admissions to the pavilions of 14 per cent and a decrease in operations of 20 per cent. In the O.P.D. there was an increase of 6.7 per cent in the admission of new patients and an increase of 8.4 per cent in patient visits. The decrease in the number of admissions to and operations in the hospital lies almost wholly in the diminution in the number of patients admitted for tonsil operations. It provokes the thought that a more rational viewpoint regarding the tonsil is gaining ground.

Considering the handicaps under which the department functions, the service to patients has been satisfactory. The size and activities of the department warrant a full time senior associate and a Resident staff of two residents and two interns. Experience over the past 6 years would indicate that with such a full time staff the present faults in organization could be corrected and a nucleus of permanent staff members secured for service to patients in the hospital and O.P.D. One of the greatest needs of the Subdepartment is the improvement of the work in bronchoscopy and oesophagoscopy. The increasing demands for this specialized work should be met as soon as possible.

The Subdepartment of ORTHOPEDIC SURGERY admitted about the same number of patients to the pavilions as in the preceding year and showed a slight increase in new patients and patient visits in the O.P.D. The service to patients was first class. The limitation in pavilion beds has been a real handicap to this department. With an Out Patient service admitting 2473 new patients the past year and with the material available in other clinical departments, it seems certain that orthopedic

surgery could fill a larger number of beds than is now assigned to it (10). The limitation in beds also hinders our undergraduate and graduate teaching programs. For several years I have been looking forward to the development of an orthopedic unit in the East wing of the 8th floor similar to that now in operation for Otolaryngology in the West wing of the same floor. On the basis of material and teaching needs, the opening of such a unit would appear justified.

The Subdepartment of OPTHALMOLOGY shows an increase in admissions to the pavilions of 14 per cent and an increase in ophthalmological operations of 7 per cent. In the O.P.D. there was an increase in the admission of new patients of 7 per cent and an increase in patient visits of 20.5 per cent. The department has done excellent work during the year. It badly needs a resident and intern who can devote themselves entirely to the service.

The Subdepartment of PHYSIOTHERAPY has shown favorable progress during the year. Structural changes include improved facilities for caring for private patients and the development of a special room and equipment for artificial fever treatments. The staff was increased by the appointment of Dr. Bror Sigurd Troedson as Assistant Director of the department under Dr. Hansson and of Miss Edna Muhlfeld as an assistant in the corrective gymnasium. With the new equipment and facilities and with a graduate physician on duty during the entire day, it was possible during the year to administer 89 artificial fever treatments without complications and with a measure of protection to patients not previously possible. As indicated in previous pages, 30,832 physiotherapeutic treatments were given during the year with 4 minor accidents. In 2 instances slight burns occurred following diathermy treatments; in 1 instance a second degree burn occurred due to a direct contact with a lamp and in 1 instance a fainting spell, quickly recovered from, occurred. The withdrawal of 1 nurse technician to give artificial fever treatments has added to the already heavy burden of the staff and it would be desirable to add 1 technician to this group.

The Subdepartment of DENTISTRY is the most recent acquisition of the surgical department. During the year it admitted 1390 new patients and received 8174 visits. These patients

were largely referred from other departments. Believing that the dental department should be organized and conducted on a basis more in conformity with other departments, the Head of the Department of Surgery drew up and presented to the Medical Board and Executive Faculty a plan for the development of a dental department the purposes of which are not only to improve the treatment of dental conditions but to organize a program for graduate work in dentistry for a limited number of graduate students. This plan was approved by the Hospital and Medical College but funds necessary to put it into operation have not yet been obtained. Meanwhile a meeting of the dental staff has been held and a committee appointed to study the present dental service and make recommendations leading to improvements in its organization.

OPERATING ROOMS. The general operating rooms upon the 10th floor have been well conducted during the year. The nursing staff generally has been adequate and delays in carrying out the operative schedules infrequent. As noted, 5170 operations were performed, 836 special treatments given and 13 transfusions administered. The work represents a slight increase over the preceding year.

Two studies were made in the operating rooms having to do with air contamination and explosion hazards. Recent publications regarding the contamination of operating rooms by pathological bacteria and methods to combat such contamination led us to study our air-conditioned operating rooms. It was found that the various operating rooms were contaminated to the extent of 1 pathogenic organism per plate per hour - a very low incidence. Explosion of anesthetic gases with serious consequences in the operating rooms of other hospitals led to the appointment of a committee to study the explosion hazards in the various operating rooms of this hospital. The report of the Committee is available. It was found that our operating rooms offered a high degree of protection against explosion but that certain defects existed in the electric wiring and light sockets which will soon be corrected. These include the installation of vapor-proof current outlets and the elimination of all switches which are not spark-proof. The Committee also recommended certain changes to insure a certain percentage of humidification of the operating and anesthesia rooms, such humidification be-

ing an important factor in the prevention of explosions. Both of these studies show that our operating rooms offer patients a high degree of protection while being subjected to operation.

SURGICAL PATHOLOGY. The department of surgical pathology examined, diagnosed and recorded 3203 pathological specimens. In comparison with the preceding years this represents an increase of 8.5 per cent over 1937 and an increase of 17 per cent over 1936. The routine work has been facilitated by a new piece of equipment for preparing material for section. An association between the laboratory with the Rockefeller Institute in the study of material with the Lindbergh apparatus has yielded some interesting findings, some of which shortly will be published by Drs. Foot and Carrel.

ANESTHESIA. The group of anesthetists in the surgical department gave or assisted in giving 4846 anesthetics to patients in the operating rooms. Of these, 3031 were straight inhalation anesthetics, 916 local, 264 spinal, 54 caudal, 98 avertin and 20 colonic ether. In 356 cases avertin was combined with inhalation anesthesia and in 13 cases with local anesthesia. In 85 cases local, spinal, caudal and colonic ether were combined with inhalation anesthesia. Of the total number of patients receiving anesthesia, 3472 or 71.6 per cent received some form of inhalation anesthesia.

In studying the results of anesthesia, the following findings may be reported:

(a) Two patients died under anesthesia. One patient, a man aged 65 years, under avertin anesthesia, was examined by means of the bronchoscope for cancer of the thyroid gland with symptoms of tracheal compression. He was cyanotic but the examination was completed. The patient remained unconscious due to avertin; his cyanosis increased in spite of the administration of oxygen, and he died 4 hours after the examination, all methods to revive him having failed.

The second patient was an extremely sick child of 2 years operated upon for acute appendicitis with peritonitis. On arrival in the operating room the child's respirations were short, rapid and shallow. Open drop ether anesthesia was used. The induction of anesthesia was uneventful, the anesthesia light throughout the period of operation. At the conclusion of the operation,

while the wound was being closed, the child stopped breathing and all efforts, including the use of the mechanical resuscitator, failed to revive her. At autopsy an enlarged thymus gland with ecchymosis, hyperplasia of the spleen, focal atelectasis of the lungs and ecchymosis of the epicardium were found.

(b) Two patients developed severe convulsive seizures upon the operating table while under anesthesia; one of these recovered and 1 died. One patient, a boy 6 years of age, operated upon for acute appendicitis under open drop ether, gave a history of convulsive seizures at 1 year of age. One month prior to operation he was struck on the back of the head with a baseball bat with symptoms of cerebral contusion. During operation he developed generalized convulsions associated with marked cyanosis. Anesthesia was discontinued and the operation rapidly completed. All types of supportive treatment were given. The boy's convulsive seizures subsided the following day but he remained unconscious and died 2 days after operation. It was our opinion that the condition was status epilepticus developing under ether anesthesia in a child who, on previous occasions, had had generalized convulsions.

The second child was an infant 5 months of age with high intestinal obstruction. Operation was performed under local anesthesia (novocaine). Twenty minutes after the operation had begun, the child began having severe convulsions. The operation although not completed was abandoned, the wound closed and the child returned to the ward. He was given supportive treatment and placed in an oxygen tent. The convulsions subsided during the afternoon and the child recovered. Four days later he was again subjected to operation under ether anesthesia and the operation satisfactorily completed. He recovered without recurrence of convulsive seizures. In this case the convulsive seizures may well have been the result of novocaine poisoning. It is the second case in our experience developing convulsions under novocaine anesthesia.

(c) Sixty-seven patients developed PULMONARY COMPLICATIONS during their postoperative convalescence in the hospital. Of these 34 developed BRONCHOPNEUMONIA with 23 recoveries and 11 deaths; 11 developed pulmonary atelectasis (collapse of lung) with 8 recoveries and 3 deaths; 7 developed lobar pneumonia with 5 recoveries and 2 deaths; 5 developed

pulmonary embolism with 2 recoveries and 3 deaths; 4 developed pulmonary infarction with 3 recoveries and 1 death; 2 developed pleurisy and recovered; 2 developed acute empyema with 1 recovery and 1 death; 1 developed a diffuse pneumonitis and recovered and one developed acute bronchitis and recovered.

(d) One patient developed a cardiac complication - a coronary occlusion causing death.

A summary of the above shows that including every complication which might even remotely be related to anesthesia, there were 72, an incidence of 1.4 per cent. As a result of these complications 25 patients died, a mortality from postanesthetic complications of 0.5 per cent, a mortality in patients with complications of 34.7 per cent. A closer analysis of these complications shows that of the 34 cases of bronchopneumonia, 32 were, I think, directly attributable to anesthesia; of the 11 cases of atelectasis all immediately followed anesthesia; of the 7 cases of lobar pneumonia, 6 were probably due to anesthesia; of the 5 cases of pulmonary embolism 2 occurred within 48 hours after operation while 3 bore no relation to anesthesia (patients up and convalescent); of the 4 cases of pulmonary infarction all occurred between the 6th and 12th postoperative days; and of the 2 cases of pleurisy, 2 of empyema, 1 of diffuse pneumonitis and 1 of bronchitis, 2 can be related to anesthesia; 4 were direct infections. The case of coronary occlusion bore no relation to anesthesia. Of the 67 pulmonary complications 57, therefore, may be related to anesthesia, an incidence of 1.1 per cent.

An analysis of the pulmonary complications with reference to the kind of operation performed, shows that of the 57 postoperative pulmonary complications attributable to anesthesia, 46 followed intraabdominal operations, 3 urologic, 3 neurological, 2 hernia and 1 each, operations upon the face, neck and breast. The high incidence of these complications following operations upon the abdomen is again shown. With the discovery of each new anesthetic, we have had hopes of reducing this high incidence. An analysis of our experience with cyclopropane gas in comparison with ether shows that in abdominal operations, the incidence of postoperative pulmonary complications

following cyclopropane was 5.3 per cent, the incidence following ether 5.9 per cent.

A comparison of our anesthesia experience with the preceding 3 years shows in general little change. Our particular interest in and efforts to reduce pulmonary embolism and infarction seems to have borne fruit (1936, 12 cases 7 deaths; 1937, 11 cases, 6 deaths; 1938, 9 cases, 4 deaths); on the other hand, bronchopneumonia, in spite of all our efforts, remains thus far an uncontrollable variable, being more frequent and virulent in one year, less so in another year. It will be appreciated why I continue these studies of anesthesia when I point out the relationship between the deaths from postoperative pulmonary complications and the total death rate on the service. In general surgery the total number of postoperative deaths in 1938 was 59; the total number of deaths which followed postoperative pulmonary complications or occurred directly from anesthesia was 21. These complications, therefore, caused 35.5 per cent of our total postoperative deaths; a proportion similar to that in preceding years.

An event of interest in our department of anesthesia this year was the graduation of our first anesthetist. The repeated requests for training and experience in anesthesia led us to organize a course in anesthesia for a limited number of graduate nurses. Of 3 graduate nurses accepted one, Miss Evelyn Howe, completed her training December 31, 1938 and has accepted a position at the Methodist Episcopal Hospital in Brooklyn.

FOLLOW-UP DEPARTMENT. The work of this department is noted in preceding pages. A study of the "current" and "closed" cases in comparison with preceding years shows that on the basis of 2640 admissions to the pavilions (practically constant for the past 3 years) the department has reached its peak load. A study of the results shows that the department each year has been more successful in its follow-up efforts. In 1938, 85.6 per cent of all cases "closed" were closed with satisfactory "follow-up" records; in 1937, the percentage was 82.1; in 1936, 80.2.

III. TEACHING. The teaching of surgery to undergraduate students, interns and graduate and postgraduate students has followed the program outlined in my Five Year Report

published in 1937. A thorough review of this program was made during the year. With respect to UNDERGRADUATE TEACHING a review of the entire program convinces me that the chief fault lies in the lack of consecutive time for work in the surgical pavilions by members of the third year class. A comparison of our teaching with that of other first class medical schools judged by the performance of the interns selected from our own and comparable schools leads me to think that in its scope and quality our teaching program compares favorably with other Class A medical colleges. But I feel sure we could improve our teaching of clinical surgery, if the surgical department could obtain a bloc of time for clinical clerkships so that our students would not be interrupted in their work by the necessity of attending other exercises. This matter has been brought to the attention of the curriculum committee of the medical college and it is hoped a more satisfactory arrangement of time may be possible.

A similar review of our graduate and postgraduate teaching program has been made. It will be recalled that in addition to teaching 8 interns whose instruction and teaching may be considered either as an extension or completion of the 4 undergraduate years or as the first year of graduate instruction, the surgical department, exclusive of its specialties, is attempting to provide opportunities for 3 groups of advanced students, of which 2 groups are considered graduate students and 1 group postgraduate students. Each group consists of 7 men and to each group is allocated a surgical floor of 59 beds. Each group has assigned to it the same number of patients for study, and has practically the same experience in the O.P.D. and Accident and Emergency Services and the Surgical Pathological Laboratory.

A study of the opportunities and facilities offered these graduate and postgraduate students shows that their opportunities for the study of surgical diseases in the wards, O.P.D. and Accident and Emergency pavilion are satisfactory although in some respects limited. They have sufficient experience in surgical pathology and some experience in the specialties of Urology, Orthopedic surgery and Fractures. An analysis of the actual operative experience of each man including the intern, based upon the past 3 years, shows that each of the 3 residents

at the completion of his period of training has performed from 950 to 1000 surgical operations, the large majority of which are major operations. The first Assistant resident has performed one half this number. The interns during their one year's internship have averaged 25 operations. Between the interns and the first assistant resident is a group of men (assistant residents) who, depending upon the number of years they spend with us beyond the intern year, have performed from 50 to 250 operations. It is this group of men in whom I am at the moment particularly interested. Some of these men are advanced to the Residency and need not concern us; but others, either because good positions are offered elsewhere or for other reasons, leave us before they have completed their resident training. Thus far we have not failed to place in good positions those of our men who desired to work elsewhere; but it is undoubtedly true that hospitals which offer responsible positions, as residencies, are each year requiring more operative experience of candidates for these positions. In order properly to discharge our responsibility to these men and to provide them with sufficient training to assume important positions elsewhere we should, I think, provide them with a larger operative experience. This cannot be done without an increase in admissions to our pavilions. A careful examination of our admissions with relation to our staff makes it certain that we cannot withdraw any more material from the senior staff in order to provide more material for our resident staff; indeed we should, because of the increase in the senior staff, assign more material to it.

A similar study has been made of our teaching in the specialties. In Otolaryngology the development of a resident group is highly desirable; in Urology there is as much need of an increase in surgical material as there is in general surgery; in orthopedic surgery there is both the need of the development of a resident group and the need of an increase in pavilion patients. These needs have been pointed out in preceding pages.

A study, then, of the relation between our services to patients and our teaching program shows quite clearly that the admissions of patients to our hospital pavilions and O.P.D. should be increased. A careful analysis of the situation indicates that this increase should amount to about 50 per cent. Instead of 2640 admissions per year to our pavilions (a number con-

stant the past 3 years) there should be 4000 admissions; instead of 8000 admissions of new patients to our O.P.D. there should be more than 12,000 new patients. A similar increase in pavilion and O.P.D. patients is desirable particularly in Urology; and in Orthopedic surgery as soon as a pavilion is provided for this surgical specialty. In General surgery and in Urology the present staffs are easily capable of caring for this increase; and ways and means of providing this increase should be found as soon as possible.

In an analysis of the sources of admission to our surgical pavilions, I find that the surgical O.P.D. is the most important source. During the year 1938, 71 per cent of the patients admitted to the pavilions first came and were admitted to our O. P.D., 18.5 per cent were referred by outside physicians and 10 per cent were referred by or transferred from other services. The patients referred by outside physicians were referred to and first examined in our O.P.D. so that 90 per cent of all patients were first seen in our O.P.D. In all years since the new hospital opened, the patients admitted to the pavilions came very largely (70 per cent to 90 per cent) from our O.P.D. A graph of the pavilion and O.P.D. admissions kept for a number of years, shows that a rise in the admissions of *new patients* to our O.P.D. is accompanied by a rise in pavilion admissions; a fall in admissions to the O.P.D. by a corresponding fall in pavilion admissions. In attempting to solve the problem of increasing our pavilion census particular attention, in my opinion, should be given to effecting an increase in the admissions of new patients to our O.P.D. A study of our O.P.D. during the year would indicate that certain changes in policy and organization are desirable if we are to effect such an increase. These will be brought to the attention of the Medical Board.

IV. RESEARCH. During the year 125 papers representing the results of clinical and experimental investigations have been published or have been accepted for publication and are in press. The list of papers with their authors is appended. Of the 125 papers 95 represent work done in the New York Hospital and Cornell Medical College, 30 represent work done by members of the department in other hospitals. Sixteen record the results of experimental investigations done in the laboratory of experi-

mental surgery; 79 represent clinical investigations.

(a) **LABORATORY OF EXPERIMENTAL SURGERY.** The studies on experimental hypertension in animals being conducted by Drs. Heuer, Glenn, Child, Lasher and Muller were continued during the year. Ten papers representing studies on various aspects of this subject were published, 9 additional studies are being actively prosecuted. Drs. Andrus, Moore and Lord continued their interesting work on prothrombin deficiencies including the hemorrhagic tendency in jaundice and biliary fistula, with particular reference to the metabolism of prothrombin and its precursors in the body. Dr. Andrus continued his work on the etiology of "shock." Dr. Bronson Ray and Dr. John Carty are studying the effect of prolonged low voltage x-ray radiation on the cerebral cortex of animals; Dr. William Nickel, methods of resection of the oesophagus; Dr. William Person, transplantation of the pancreas into the stomach; Drs. Cranston Holman and John Eckel, the production of localized empyema in animals, the effect upon the organism of the "blind loop" ileocolostomy and the effects of gastroenterostomy on gastric secretion and on the proximal and distal jejunal loops; Drs. John Draper and Gustavus Humphries, the transplantation of the ureters into the large intestine; Dr. Lowsley, the production and cure of rectourethral fistula and the use of "ribbon gut" in arterial and venous ligation; and Dr. Sweet and several collaborators, various aspects of the complicated problem of the hypophysis in its relation to functions of the body. As noted, in addition to the work in progress, 16 papers were published from the laboratory during the year.

The difficulties in meeting the increasing pressure on the part of the staff for space and facilities for conducting research becomes greater each year. The laboratory space loaned some years ago to other departments because of their lack of space it is claimed cannot now be returned; the space for housing experimental animals is totally inadequate, the budgetary allotment for research too small. Fortunately, however, we have been able to secure funds from foundations and other sources by means of which we have been able to prosecute research otherwise impossible. For these funds I am very grateful. They include for the year 1938 the following:

1. The John and Mary Markle Foundation (Studies in hypertension)	\$7500.00
2. The John and Mary Markle Foundation (Studies in Jaundice)	8200.00
3. The Given Fund	4000.00
4. Maternal Health Fund (Sperm metabolism)	2000.00
5. Bernheim Fund	2700.00
6. Cancer Research Fund (Anonymous Donors)	1080.00
7. National Foundation for Infantile Paralysis	4580.00
8. N. Y. Hospital Research Fund	2500.00
TOTAL	\$32,560.00

In addition the Brady Foundation has received a grant of \$2500.00 from Davis and Geck for special research in Urology, and \$3920.00 for research from 61 donors.

(b) CLINICAL RESEARCH. As I have noted, there was a gratifying number of investigations on the pavilions during the year. These included studies on gastric secretion in ulcer and cancer of the stomach, hemorrhage in ulcer of the stomach and duodenum, diseases of the gallbladder and bile ducts, diseases of the thyroid gland, cancer of the rectum, hypertension, constrictive pericarditis, thoracic surgery, plastic surgery and so forth. Of the 79 clinical papers presenting work done in the New York Hospital and Cornell Medical College, 40 are in the field of general surgery; 39 in the special fields of Urology, Otolaryngology, Ophthalmology and Orthopedic surgery.

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TABLE I. NON-OPERATIVE DEATHS

NUMBER	AGE	PRIMARY CONDITION	CAUSE OF DEATH	AUTOPSY
195692	23	Varices of Oesophagus	Rupture of Oesophageal varices; hemorrhage	yes
196536	53	Fracture of Skull; pneumothorax	Coma	yes
197507	34	Obstructive jaundice; melena	Common duct stone; omental abscess	yes
197544	56	Pulmonary abscess	Abscess; pneumonia	yes
189951	67	Carcinoma of sigmoid	Perforation of carcinoma of sigmoid	yes
189439	55	Carcinoma of oesophagus	Sudden death ?	no
175709	55	Postoperative adhesions	Cerebral hemorrhage	no
201234	42	Oesophageal varices	Hemorrhage; shock	no
207470	39	Carcinoma of rectum	Carcinomatosis; coma	no
183517	61	Carcinoma ampulla of Vater	Endocarditis; septicemia	yes
154463	30	Metastatic carcinoma of liver	Metastases to liver and lymph nodes	yes
104835	42	Burns	Toxemia	Med. Exam.
166226	43	Carcinomatosis	Generalized metastases	no
194011	55	Fracture of skull; lacerations	Skull fracture	Med. Exam.
194044	55	Blastomycosis face; diabetes	Glomerulonephritis; infection	no
185633	87	Fracture of femur	Arteriosclerosis; hemiparesis; pneumonia	Med. Exam.
190921	16	Carbuncle lip	Septicemia, staphylococcus aureus hemolyticus	yes
190462	49	Bleeding duodenal ulcer	Erosion pancreatico-duodenal artery	yes
214401	9	Fracture of skull, thigh, tibia	Shock; hemorrhage from chest	Med. Exam.
213878	54	Compound fracture of sternum	Hemorrhage; shock	Med. Exam.
214317	12	Fracture of skull	Laceration middle meningeal artery	Med. Exam.
212167	27	Bronchogenic carcinoma	Carcinoma right main bronchus	no
223588	23	Mediastinal tumor; cancer	Respiratory failure	yes
20049	64	Carcinoma of breast	Pulmonary embolism	yes

TABLE II. OPERATIVE DEATHS

EMERGENCY

NUMBER	AGE	PRIMARY CONDITION	OPERATION	CAUSE OF DEATH	AUTOPSY
197520	54	Streptococcic peritonitis	Transverse Colostomy	Fibrinopurulent peritonitis	yes
200810	38	Acute appendicitis	Appendectomy with drainage	Not known	no
125560	2	Perforated appendix	Appendectomy	Anesthetic death; status lymphaticus?	yes
206133	62	Acute cholecystitis	Exploratory laparotomy	Acute pancreatitis; peritoneal abs.	yes
142536	9	Fracture skull and femur	Open reduction femur	Fat embolism?	Med. Exam.
4 wks.		Hemolytic staph. Aur. septicemia	Inc. & Dr. abscesses	Purulent basilar meningitis; pulmonary abscess	yes
212180	6	Acute appendicitis	Appendectomy	Convulsions; status epilepticus	no
139058	7	Perforated appendix	Inc. & Dr. peritonitis	Empyema; abscess lung; subdiaphragmatic abscess	yes
92086	22	Perforated appendix; peritonitis	Appendectomy with drainage	Bronchopneumonia	no
213864	19 mos.	Skull fracture; accident	Decompression	Laceration brain and dura	Med. Exam.
54468	61	Acute cholecystitis; fecal fistula	Cholecystectomy; Resection bowel	Wound infection; pneumonia; lung abscess	yes

CANCER

127328	47	Cancer of oesophagus	Gastrostomy	Bronchopneumonia; tracheo-oesophageal fistula	yes
194158	76	Adenocarcinoma of rectum	Perineal resection rectum	Suicide	Med. Exam.
192262	67	Cancer of common duct	Exploratory laparotomy	Cholemic hemorrhage	yes
203481	68	Cancer of breast	Radical mastectomy	Perforated duodenal ulcer	yes
204748	47	Cancer of colon; perforation	Inc. & Dr. peritonitis	Peritonitis; debility; atelectasis	yes
198340	65	Cancer of sigmoid colon	Resection of colon	Coronary occlusion; arteriosclerosis	yes
15077	43	Cancer of liver	Exploratory laparotomy; biopsy	Cachexia	yes

CANCER (Continued)

NUMBER	AGE	PRIMARY CONDITION	OPERATION	CAUSE OF DEATH	AUTOPSY
48712	66	Cancer of head of pancreas	Exploratory laparotomy; Gastroenterostomy	Bronchopneumonia; cardiac failure	yes
211495	56	Cancer of breast	Mastectomy	Coronary occlusion	no
61693	59	Cancer of stomach	1. Exploratory laparotomy 2. Closure evisceration	Progressive weakness Cachexia	no
185465	57	Adenocarcinoma of stomach; perforation	1. Suture perforation 2. Resection of stomach	Pneumonia; atelectasis	yes
140947	54	Cancer of stomach; perforation	Exploratory laparotomy	Melena; carcinomatosis	no
150634	72	Cancer of oesophagus	Posterior rhizotomy for pain	Bronchopneumonia	yes
137891	43	Cancer of rectum; bleeding	Cystoscopy	Carcinomatosis	no
204513	57	Cancer of rectum; parotitis	Inc. & Dr. Parotid abscess	Perforation cancer of rectum	yes
182557	48	Cancer of spine	Chordotomy for pain	Metastases	yes
211143	66	Cancer of rectum	Perineal resection of rectum	Pylonephritis; thrombophlebitis	yes
215750	51	Cancer of cecum	Biopsy liver	Weakness, coma	no
216949	79	Cancer of scalp	Excision tumor scalp	Meningitis, coma	yes
221814	43	Cancer of liver; coma	Ventriculogram	Metastases	yes
218027	48	Cancer of stomach	Exploratory laparotomy; biopsy	Metastases	yes
203533	52	Cancer of pancreas	Posterior gastroenterostomy	Cholangitis, bronchopneumonia	yes

THYROID

192386	20	Toxic diffuse goitre	Thyroidectomy	Thyroid crisis	yes
198879	43	Toxic nodular goitre	Thyroidectomy	Atelectasis; pneumonia	no

BRAIN

NUMBER	AGE	PRIMARY CONDITION	OPERATION	CAUSE OF DEATH	AUTOPSY
104572	19	Cyst of 3rd ventricle	Ventriculogram; bone flap	Coma	yes
207492	3 mos.	Hydrocephalus	Fulguration choroid plexus	Shock, convulsions	yes
221156	32	Brain tumor	Ventriculogram; cerebral exploration	Medullary paralysis	yes

THORAX

177524	47	Pulmonary abscess	Drainage abscess	Pneumonia	no
192379	27	Bronchiectasis	Lobectomy	Pneumonitis; sepsis	yes
200816	41	Advanced pulmonary tuberculosis	Extrapleural pneumolysis	Tuberculosis of both lungs	yes
204951	23	Mediastinal tumor	Exploratory thoracotomy	Malignant teratoma mediastinum; pericarditis	yes
129419	52	Mediastinitis, suppurative	1, 2, 3. Drainage	Pneumonia, sepsis	yes

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GALLBLADDER AND BILIARY TRACT

215417	60	Cholelithiasis; hypertensive cardiorrenal disease	Cholecystectomy	Pulmonary embolus	yes
202305	76	Choledochoduodenal fistula	Choledochotomy	Pneumonia; atrophy of the liver	yes
107763	65	Stricture of common duct	Exploration common duct	Postoperative hemorrhage; pleurae and peritoneal cavity.	yes

GASTROINTESTINAL TRACT

172474		Chronic appendicitis	Appendectomy	Pulmonary emboli	yes
118180	43	Intestinal obstruction	Exploratory laparotomy	Infection abdominal wound; pneumonia	yes
213870	51	Duodenal ulcer; cirrhosis liver	Posterior gastroenterostomy	Cirrhosis liver; pneumonia	yes

GASTROINTESTINAL TRACT (Continued)

NUMBER	AGE	PRIMARY CONDITION	OPERATION	CAUSE OF DEATH	AUTOPSY
157521	35	Gastrojejuno-colic fistula	Gastric resection	Duodenal fistula; general peritonitis	yes
113307	47	Gastrojejuno-colic fistula	Pyloroplasty	Bronchopneumonia; shock	no
217922	2 days	Congenital stenosis bowel	Exploratory laparotomy	Inoperable condition	no
148141	64	Gastric ulcer	1. Gastric resection 2. Enterostomy	Ilcus; fistula; peritonitis. Bronchopneumonia	yes

MISCELLANEOUS

198430	46	Actinomycosis leg and chest	Biopsy; Inc. & Dr.	Sepsis	no
198418	1 day	Imperforate anus	Perineal plastic	Sepsis	no
202328	46	Essential hypertension	Splanchnicotomy	Uremia	yes
218785	53	Strangulated umbilical hernia	Hernioplasty	Peritonitis; bronchopneumonia	yes
166979	53	Hypertension	Splanchnicotomy	Convulsion, peritoneal hemorrhage	yes

OPERATIONS ON THE PAVILIONS

TABLE III.

HEAD :

Sequestrectomy Skull	2	Plastic on Ear	2
Excision Tumor Forehead	2	Inc. & Dr. Scalp	4
Excision Carbuncle Scalp	1	Miscellaneous	3
Excision Tumor Scalp	2		
			16

BRAIN, SPINAL CORD

AND NERVES :

Fulguration Choroid Plexus	4	Ventriculogram	15
Section Dorsal Nerve Roots	4	Bone Flap Operation	18
Periarterial sympathectomy	16	Decompression	1
Suture of Nerve	1	Elevation Depressed Fracture ..	3
Laminectomy	14	Cerebellar Exploration	3
Excision Spinal Tumor	1	Miscellaneous	10
Excision Meningocele	1	Splanchnicotomy	6

97

FACE :

Cheilorrhaphy	7	Excision Sinus Tract	1
Plastic Face	11	Hemangioma	1
Repair Rhinooral Fistula	4	Dermoid Cyst	1
Excision Tumor Parotid	14	Sebaceous Cyst	7
Rannula	2	Tumor	12
Cancer Eyelid	2	Incision Alveolar Abscess	1
Cancer Cheek	5	Sequestrectomy Mandible	5
Cancer Jaw	3	Reduction Fracture Jaw	2
Fissure	1	Inc. & Dr. Abscesses	2
Scar	10	Miscellaneous	3

94

NECK :

Thyroidectomy	137	Excision Submaxillary Glands...	3
Oesophageal Dilatation	1	Tumor Neck	3
Tracheotomy	2	Inc. & Dr. abscess	35
Phrenicectomy	4	Inc. & Dr. Carbuncle	13
Excision Thyroglossal Duct Cyst	5	Biopsy	14
Branchial cleft Cyst...	2	Miscellaneous	11
Glands of Neck	4		

234

THORAX :

Radical Breast Amputation	34	Exploration Oesophagus	2
Excision Benign Breast Tumor.	54	For Empyema	5
Thoracoplasty	18	Plastic on Empyema Wound	3
Thoracotomy	17	Sequestrectomy Rib	2
Pneumolysis	10	Biopsy Bone Marrow	4
Cautery pneumectomy	1	Plastic Breast	2
Lobectomy	2	Excision Axillary Glands	4
Excision Mediastinal Tumor ...	1	Inc. & Dr. Abscesses	10
Excision Chest Wall Tumor ...	9	Pericardiolysis	9
Exploration Mediastinum	1		

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ABDOMEN :

Appendectomy	366	Exploratory for Cancer	11
Cholecystectomy	128	for Jaundice	4
Cholecystostomy	12	for Obstruction	1
Choledochotomy	33	Exploration Wound	4
Cholecystgastrostomy	2	Rectus Sheath Abscess	7
Plastic on Common Duct	2	Retroperitoneal Abscess	2
Gastroenterostomy	34	Secondary Closure	4
Gastric Resection	29	Hernioplasty	
Pyloroplasty	1	Inguinal	155
Rammstedt Operation	8	Femoral	14
Gastrostomy	3	Ventral	15
Suture Perforated Ulcer	6	Umbilical	12
Jejunostomy	1	Epigastric	2
Duodenostomy	1	Torek Operation	16
Ileostomy	3	Excision Hydrocele	2
Resection Ileum	8	Pilonidal sinus or cyst.	40
Ileosigmoidostomy	6	Rectal fissure	14
Excision Meckels Diverticulum..	2	Fistula in Ano	24
For Intestinal Obstruction	1	Coccyx	1
Release of Adhesions	5	Hemorrhoidectomy	96
Closure Fecal Fistula	2	Rectal Dilatation	12
Reduction Intussusception	2	Operation for imperforate Anus	1
Colostomy	29	Presacral Abscess	2
Closure Colostomy	11	Perirectal Abscess	28
Resection Colon	10	Circumcision	1
First stage Mikulicz	1	Orchidectomy	2
Resection Rectum	12	Oophorectomy	2
Echinococcus Cyst	1	Perineorrhaphy	1
Splenectomy	4	Biopsy	7
Exploratory Laparotomy	19	Miscellaneous	8

1240

EXTREMITIES :

Amputation Finger	2	Palmar Fascia	1
Hand	1	Semilunar Cartilage ..	3
Toe	10	Sequestrectomy	3
Leg	3	Tenosynovectomy	5
Thigh	6	Arthroplasty	5
Stump	1	Arthrotomy	13
Secondary	4	Arthrodesis	1
Excision Head of Radius	1	Reduction Fracture Femur	5
Foreign Body	6	Hip	2
Ganglion	5	Arm	3
Bursa	5	Patella	2
Nevus	5	Radius	1
Hemangioma	3	Colles'	4
Lipoma	11	For Varicose Veins	55
Fibroma	2	Manipulation Fracture	7
Sarcoma	5	Tendon Suture	18
Cyst	1	Hallux Valgus	2
Osteoma	11	Onychectomy	2

Debridement	5	Inc. & Dr. Osteomyelitis	13
Plastic Tendon	3	Brodie's Abscess	8
Subdeltoid Bursitis	1	Miscellaneous	19
		263	

SKIN, SUBCUTANEOUS TISSUES :

Excision	Moles	5	Inc. & Dr. Inguinal	5
	Lipoma	5	Miscellaneous	22
	Papilloma	3	Plastic Hand	5
	Neuroma	1	Face	4
	Fibroma	1	Axilla	4
	Sclaceous Cyst	2	Thiersch Graft	16
	Ganglion	2	Pinch Graft	23
Biopsy	Bone Marrow	1	Pedicle Graft	4
	Lymph nodes	7	Secondary Closure	5
	Muscle	10	Carbuncle	2
	Miscellaneous	20	Excision Sinus Tract	1
Inc. & Dr.	Buttocks	11	Excision Scar	2
	Foot	21	Miscellaneous	16
	Toe	2		
	Arm	3	233	
	Hand	16	EXTRACTION TEETH	5
	Finger	14		
				Total
				2370

OPERATIONS IN UROLOGY TABLE IV.

	Hospital Service Brady			Hospital Service Brady	
Prostatectomy	21	29	Epididymectomy	2	14
Transurethral resection	34	11	Epididymotomy	1	
Implantation of radon	1	2	Sympathectomy		4
Pyelotomy	8	5	Ureterostomy	10	10
Nephrectomy	19	28	Urethrostomy	4	4
Nephrotomy	2	12	Cystoscopy	5	9
Nephropexy	1	5	Cystotomy	16	24
Nephrostomy	4	4	for stone	2	1
Lithotomy	3		fulguration	9	8
Circumcision	7	4	for hemorrhage ..	2	4
Orchidectomy	3		Ureterointestinal transplant..	2	2
Plastic penis		10	Closure vesicovaginal fistula...	4	4
Torek operation	5	3	Vesical neck resection		30
Varicolectomy	3	7	Ureteral dilatation		3
Hydrocelectomy	8	18	Biopsy	4	3
Spermatoclectomy	3		Miscellaneous	12	15
				195	273

TABLE V. NONOPERATIVE DEATHS, UROLOGY

<i>TEACHING SERVICE</i>			
NUMBER	AGE	PRIMARY CONDITION	CAUSE OF DEATH AUTOPSY
107202	57	Cancer of prostate	Metastases to bladder, spine yes
200048	58	Polycystic kidney	Coma; uremia yes
185171	63	Cancer of prostate	Bilateral hydronephrosis yes

BRADY

217933

3 *TEACHING SERVICE OPERATIVE DEATHS, UROLOGY*

NUMBER	AGE	PRIMARY CONDITION	OPERATION	CAUSE OF DEATH AUTOPSY
35829	77	Frequency; nocturia	1. Suprapubic cystotomy 2. Prostatectomy	Purulent bronchopneumonia; coma no
92850	53	Urethral stricture abscess thigh	1. Cystotomy 2. Drainage abscess thigh	Extension of infection yes
183122	70	Perineal sinus; systolic murmur	Excision of fistula	Septicemia; anorexia no
151631	57	Stones in kidney	Nephrectomy	Coronary occlusion; pulmonary emboli yes
151375	59	Tuberculosis of bladder	Uretrostomy	Pneumonia; uremia, coma yes
207451	78	Auricular fibrillation; hypertrophy prostate	Suprapubic cystotomy	Pulmonary embolus yes
206597	59	Urinary retention	Suprapubic cystotomy	Coma; acidosis yes

190948	73	Benign hypertrophy prostate	Suprapubic cystotomy	Hemorrhage; pneumonia	yes
190907	65	Nephrolithiasis	Nephrostomy	Fibrinopurulent peritonitis	yes
189639	68	Hypertrophy prostate	Cystotomy	Hemorrhage; pneumonia	yes
188693	48	Abscess of prostate	External urethrotomy	Septicemia	no
125296	45	Bilateral nephrolithiasis	Nephrostomy	Interstitial hepatitis; pneumonia	yes
207494	55	Prostatic hypertrophy	Vesical neck resection	Cardiac collapse ?	no
211450	54	Nephrolithiasis	Nephrotomy	Terminal uræmia; bronchopneumonia	no
209298	75	Cancer of bladder	Fulguration tumor	Septicemia	no
210321	78	Cancer of bladder	Suprapubic cystotomy	Purulent nephritis	yes
194927		Cancer of bladder	Total cystectomy	Postoperative shock	no
92067	60	Papilloma bladder	Resection bladder	Papillary cancer bladder; uræmia	yes
203203	77	Hypertrophy prostate	Suprapubic cystotomy	Coma	no
193126	52	Cancer of bladder	Inc. & Dr. abscess	Infarcts of spleen; bronchopneumonia	yes

TABLE VI. OPERATIONS, OTOLARYNGOLOGY

Tonsillectomy	286	Nasal plastic	8
Submucous resection	33	Other nasal operations	5
Aurotomy	22	Miscellaneous	18
Mastoidectomy	43		
			415

TABLE VII. POSTOPERATIVE DEATHS, OTOLARYNGOLOGY

	Tonsillitis	Tonsillectomy; adenoidectomy	Tonsillar hemorrhage and shock	no
191641	6			yes
187597	29	Drainage of abscess	Pachymeningitis	no
74911	55	Bronchoscopy	Respiratory failure	no
202323	29	Drainage of sinus	Blood dyscrasia	no
192870	65	Bronchoscopy	Anesthesia death; avertin	yes

TABLE VIII. OPERATIONS, OPHTHALMOLOGY

Iridectomy	50	Recession	24
Enucleation	6	Tear duct extirpation	6
For cataract	35	Miscellaneous	35
			156

SEMIPRIVATE AND PRIVATE OPERATIONS IN THE 10th FLOOR OPERATING ROOMS.

TABLE IX.

	Semi.	Pri.			Semi.	Pri.
HEAD :						
Excision Tumor Forehead..	1		Miscellaneous	1		
Plastic on Ear	1					
Plastic on Scalp	1				1	3
FACE :						
Cheilorrhaphy	1		Excision Cancer Eyelid	1	1	
Plastic Lip	3		Scar Face	2	1	
Repair Rhinooral Fistula ...	2		Dermoid Cyst	1		
Excision Tumor Parotid	1		Cancer Cheek		1	
Rannula	1		Miscellaneous	1	2	
					8	10
BRAIN, SPINAL CORD AND NERVES :						
Ventriculogram	3	3	Elevation Depressed Fracture		1	
Bone flap Operation	1		Excision Meningocele		1	
Decompression Skull	1		Miscellaneous	2		
					6	6
NECK :						
Thyroidectomy	4	9	Tumor	1	1	
Excision Glands of Neck....	2	2	Inc. & Dr. Abscess Neck...	1		
Submaxillary gland	2		Oesophageal Diverticulum ..		1	
					8	13
THORAX :						
Radical Breast Amputation..	1	1	Plastic Empyema Wound....		1	
Benign Breast Tumor	4	7	Breast Biopsy		1	
Thoracoplasty	1	1	Plastic Breast	1		
Thoracotomy	1	1	Exc. Axillary Glands		2	
Pneumonectomy	1	1	Inc. & Dr. Abscess Breast..		3	
For Empyema	2	2	Miscellaneous		1	
Chest Wall Tumor	2				11	21
ABDOMEN :						
Appendectomy	29	42	Resection Colon		1	
Cholecystectomy	9	11	Resection Rectum	1	4	
Cholecystostomy	1		Exploratory Laparotomy ...	3	6	
Choledochotomy	1	2	Exploration Wound		1	
Gastroenterostomy	1	2	Secondary Closure		1	
Gastric resection	2		Retroperitoneal Abscess		1	
Resection Ileum	1	1	Hernioplasty		11	
Ileocolostomy	1	1	Hemorrhoidectomy	5	10	
Colostomy	2	2	Whitehead Operation	1	2	
Opening Colostomy	1		Perirectal Abscess		1	
Closure Colostomy	1	2	Circumcision		2	

	Semi. Pri.			Semi. Pri.	
Excision Hydrocele	1		Hysterectomy	10	
Spermatocele	1	1	Oophorectomy	2	2
Pilonidal Sinus ...	3	3	Salpingectomy	2	3
Fistula in Ano ...	1		Curetage	4	4
Rectal Fissure ...	2	1	Miscellaneous	1	1
				97	128
EXTREMITIES :					
Amputation Finger	1	1	Sequestrectomy	1	
Arm	1		Arthrotomy		1
Thigh	2		Reduction Fracture Femur..	1	2
Excision Head of Radius ..	1	1	Humerus	1	
Foreign Body	1		Fibula	1	1
Ganglion		1	Hip	1	
Bursa	1		Varicose Veins	3	
Hemangioma	1		Tendon Suture	2	2
Sarcoma	1		Miscellaneous	1	1
Cyst	1	2			
Semilunar cartilage	1	1		22	14
SUBCUTANEOUS TISSUES					
AND SKIN :					
Excision Moles	5	5	Plastic Hand	2	1
Lipoma	2	2	Axilla	1	
Papilloma		2	Miscellaneous	9	7
Fibroma	1		Pinch Graft	1	
Ganglion	1	1	Pedicle Graft	3	1
Biopsy	3	4	Secondary Closure		3
Inc. & Dr. Abscess Buttocks.	1		Carbuncle		1
Finger ..	2	2			
Leg	1			32	27
				185	222
			TRANSFUSIONS	2	10
			EXTRACTION OF TEETH		3
			GRAND TOTAL	187	235

OPERATIONS IN THE 11th FLOOR OPERATING ROOMS. TABLE X.

	Semi. Pri.			Semi. Pri.	
BRAIN, SPINAL CORD AND NERVES :					
Sympathectomy	1		Bone flap operation		1
Suture nerve	3	1	Cerebellar exploration		1
Laminectomy	1	1	Miscellaneous	1	1
Ventriculogram	5				
				5	11

		Semi. Pri.			Semi. Pri.
FACE :					
Fracture Zygoma	1		Excision Scar	1	
Plastic on Face	5	2	Dermoid Cyst	3	1
Excision Parotid Tumor ...	1		Tonsillectomies	25	5
Sebaceous Cyst ...	1		Sequestrectomy Jaw	1	1
Mole	4		Abscess Jaw	4	1
Epulis	1		Miscellaneous	4	3
				48	18
NECK :					
Thyroidectomy	35	14	Excision Lipoma Neck	2	
Excision Thyroglossal d.c...		2	Inc. & Dr. Abscess Neck ...	3	1
Glands of Neck ...	1		Carbuncle		1
Submaxill. gland ..	1	2	Miscellaneous	6	2
				48	22
THORAX :					
Radical Breast Amputation..	13	13	Closed Dr. Empyema	1	2
Exc. Benign Breast Tumor..	21	22	Sequestrectomy Rib		5
Thoracoplasty	2	2	Miscellaneous	2	1
Thoracotomy		5			
				39	50
		Semi. Pri.			Semi. Pri.
ABDOMEN :					
Appendectomy	148	105	Exploration Wound	1	2
Cholecystectomy	42	21	Rectus Sheath .	3	
Cholecystostomy		2	Abscess	9	3
Choledochotomy		1	Secondary closure	4	1
Cholecystgastrostomy	3		Hernioplasty Inguinal	72	13
Common duct Plastic	4	4	Femoral		1
Gastroenterostomy	8	1	Umbilical	3	1
Gastrectomy	7		Ventral	3	
Gastrostomy	3	2	Torek operation		1
Pyloroplasty	2		Excision Hydrocele	4	
Rammstedt operation	3	1	Varicocele		1
Excision ulcer	3		Pilonidal sinus ...	11	3
Duodenostomy		1	Fissure in Ano ...	15	7
Ileostomy	1	3	Fistula in Ano ...	1	5
Resection Ileum	1		Coccyx		1
Ileosigmoidostomy	1		Hemorrhoidectomy	43	24
For Intestinal Obstruction..	1	1	Rectal Dilatation		2
For Intussusception		2	Inc. & Dr. Perirectal abscess	3	3
Colostomy	4	3	Inc. & Dr. Presacral Abscess	3	2
Opening Colostomy		2	Circumcision		2
Closure Colostomy	1	2	Hysterectomy	28	18
Resection large Bowel	1	3	Salpingectomy	6	2
1st stage Mikulicz	1	2	Oophorectomy	5	3
2nd stage Mikulicz	2	5	Curettage	5	10
Excision Liver Tumor	1		Perineorrhaphy	15	3
Exploratory for Cancer	5	7	Excision Vaginal Cyst	3	2
for Jaundice ...	1	3	Miscellaneous	14	9
for Anomaly ..	4				
				498	290

EXTREMITIES :

Amputation	Foot	1	1	Arthrodesis	1	
	Finger	2	1	Reduction Fracture Femur..	2	2
	Toe	2	1		Tibia ..	2
	Leg	3	3		Patella .	1
	Thigh	2			Radius .	3
	Arm	1			Ulna ...	5
Excision	Sequestrum		1		Miscellaneous.	3
	Head of Radius...	2		Manipulation	4	5
	Ganglion	4		Tendon Suture	3	1
	Bursa		4	Plastic tendon	5	1
	Lipoma	1	1	Subdeltoid exploration	3	
	Fibrosarcoma	2	1	Repair Hallux valgus	5	1
	Osteoma	2	2	Debridement	1	
	Tendon	1		Inc. & Dr. Abscess	6	4
	Semilunar Cart. ..	11	4	Miscellaneous	39	14
Arthroplasty		4	2			
						117 54

SUBCUTANEOUS TISSUES AND SKIN :

Excision	Moles	1	2	Thiersch Graft	1	
	Bursa		1	Pinch Graft	7	1
	Lipoma	10	8	Secondary Closure	1	1
	Neurofibroma		1	Miscellaneous	27	13
	Ganglion	3				
Sebaceous Cyst		4	7		70	40
Biopsy Muscle		1	1	MISCELLANEOUS	5	5
Suture Laceration		9	2	Extraction teeth		12
Debridement		2	1	Transfusions	5	29
Plastic Axilla		1	1	Dressing		1
Plastic Hand		3	1	Examination	1	1

GRAND TOTAL 836 533

PRIVATE AND SEMIPRIVATE OPERATIONS IN SPECIALTIES. TABLE XI.

All performed on 10th Floor.
SEMIPRIVATE

UROLOGY :

Prostatectomy	24	Vasotomy	2
Pyelotomy	2	Periurethral Abscess	1
Nephrectomy	13	Ureteral Dilatation	32
Nephrotomy	13	Urethrostomy	4
Nephropexy	1	Cystoscopy	63
Lithotomy	1	Cystotomy	19
Circumcision	9	with radon	1
Orchidectomy	3	for stone	1
Orchidotomy	1	Fulguration	5
Plastic on Penis	20	Hemorrhage	1
Varicocelectomy	6	Ureterointestinal transplant	4
Hydrocelectomy	9	Biopsy	3
Epididymectomy	6	Miscellaneous	7

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OPHTHALMOLOGY :

Iridectomy	4	Recession	1
Enucleation	1	Miscellaneous	2
For Cataract	3		
			11

OTOLARYNGOLOGY :

Tonsillectomy	405	Nasal Plastic	9
Submucous Resection	119	Other Nose Operations	24
Antrotomy	29	Miscellaneous	5
Mastoidectomy	10		
			601

PRIVATE

UROLOGY :

Prostatectomy	47	Ureteral Dilatation	58
Pyelotomy	5	Urethrostomy	11
Nephrectomy	12	Cystoscopy	97
Nephrotomy	9	Litholapaxy	1
Nephropexy	1	Cystotomy	40
Lithotomy	2	with Radon	4
Circumcision	7	Drainage	1
Orchidectomy	1	Stone	3
Plastic Penis	16	Fulguration	20
Varicocelelectomy	3	Tumor	1
Hydrocelelectomy	7	Ureterointestinal transplant	2
Epididymectomy	4	Closure Vesical Fistula	4
Epididymotomy	1	Biopsy	3
Vasotomy	17	Miscellaneous	7
			384

OPHTHALMOLOGY :

Operation for Cataract	1	Miscellaneous	1
			2

OTOLARYNGOLOGY :

Tonsillectomy	75	Nasal Plastic	2
Submucous Resection	16	Other Nose Operations	2
Antrotomy	5	Miscellaneous	2
Mastoidectomy	3		
			105

